

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail**

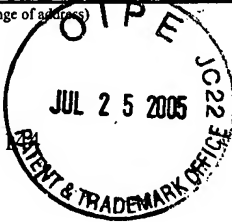
Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

40431 7590 05/19/2005

ANDREOU & CASSON, LTD.
 332 SOUTH MICHIGAN AVENUE, SUITE 1
 CHICAGO, IL 60604



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

Megan L. Schamanek	(Depositor's name)
<i>Megan L. Schamanek</i>	(Signature)
July 20, 2005	(Date)

07/26/2005 GWORDF2 00000037 10779832

01 FC:1501 1400.00 OP
 02 FC:1504 300.00 OP

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/779,832	02/17/2004	Nagarjun Yetukuri	02-022.10	9165

TITLE OF INVENTION: HELICAL HEAD RESTRAINT GUIDE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	08/19/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
NELSON JR, MILTON	3636	297-391000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Bill Panagos

2

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Lear Corporation

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Southfield, Michigan

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☐ Advance Order - # of Copies _____

4b. Payment of Fee(s):

- ☒ A check in the amount of the fee(s) is enclosed.
☐ Payment by credit card. Form PTO-2038 is attached.
☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 02-2412 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Gerald E. McGlynn, III
 Typed or printed name Gerald E. McGlynn, III

Date July 20, 2005

Registration No. 33,737

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL OF PAYMENT OF ISSUE FEE (Large Entity)

Docket No.

04300 (3883.00062)

37 CFR 1.311

Applicant(s): Yetukuri et al.

JUL 25 2005

Application No.

10/779,832

Filing Date

02/17/2004

Examiner

Nelson Jr., Milton

Customer No.

35374

Group Art Unit

3636

Confirmation No.

9165

Invention: HELICAL HEAD RESTRAINT GUIDE

Mail Stop Issue Fee
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Transmitted herewith are the following for the above-identified application.

☒ Issue Fee Transmittal Form PTOL-85☒ Utility Fee: \$ 1400.00☐ Design Fee: _____☐ Plant Fee: _____☒ Publication Fee: \$ 300.00☒ A check in the amount of \$1,700.00 is attached.☒ The Director is hereby authorized to charge and credit Deposit Account No. 02-2712 as described below.☐ Charge the amount of☐ Credit any overpayment.☒ Charge any additional fee required.☐ Payment by credit card. Form PTO-2038 is attached.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Signature

Dated: July 20, 2005

Gerald E. McGlynn, III
Reg. No. 33,737
Bliss McGlynn, P.C.
2075 West Big Beaver Road
Suite 600
Troy, Michigan 48084

CC:

Certificate of Transmission by Facsimile
This certificate may only be used if paying
by deposit account.

I certify that this document and authorization to charge deposit
account is being facsimile transmitted to the United States
and Trademark Office (Fax No. _____) on _____

(Date)

Signature

Typed or Printed Name of Person Signing Certificate

Certificate of Mailing by First Class Mail

I hereby certify that this correspondence is being deposited
with the United States Postal Service with sufficient postage as
first class mail in an envelope addressed to "Commissioner for
Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR
1.8(a)] on _____

07/20/2005

(Date)

Signature of Person Mailing Correspondence

Megan L. Schamanek

Typed or Printed Name of Person Mailing Correspondence